

ASDS Resident Preceptorship Program

(For ASDS third-year residents. Second-year residents may apply as long as the preceptorship occurs during their third year of residency)

APPLICATION DEADLINE: May 29, 2018

STEP 1 – Complete Application

ASDS Member ID#: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Current Position: _____

Resident Year PGY: _____

Program Director: _____

Surgical Director: _____

Preceptorship Information: Area(s) of Focus:

- Blepharoplasty
- Chemical Peel
- Dermabrasion
- Fillers/Neuromodulators
- Lasers
- Lifts: Face, Brow, Neck and S-Lift
- Liposuction
- Reconstruction
- Skin Cancer Surgery
- Treatment of Venous Disease
- Other _____

Budget Request (In U.S. dollars)

Funds provided will be determined based on estimated expenses and funding available for the program year.

A minimum of \$100 MUST be requested.

Provide totals in U.S. Dollars for each category.

Attach a separate sheet, if necessary.

Transportation USD \$ _____

Lodging USD \$ _____

Food USD \$ _____

Other* USD \$ _____

Total Request USD \$ _____

*Please detail _____

STEP 2 – Preceptor Information

Click on the link provided on the ASDS website to choose an available preceptor. If your preceptor is on the list, contact their office, and after agreeing to dates of your visit, send this application to the preceptor for signature. **Applications submitted without preceptor signature will automatically be rejected.**

Name: _____

Practice / Institution: _____

Address: _____

Email: _____

Phone: _____

Start Date: _____

End Date*: _____

***Preceptorships must be completed by Dec. 22, 2018.**

Preceptor Signature _____

Preceptor: Fax signed application to 847-956-0999 or email to jwisniewski@asds.net

STEP 3 - Submit to ASDS

Required Documents:

- Completed and signed application.
- Curriculum vitae.
- Residents must provide a letter of support on official letterhead from their program director.
- Electronic color photo of applicant (high-resolution digital file minimum image dimension of 600x600).
- Brief essay describing:
 - Your career goals.
 - Educational goal(s) of the preceptorship for which you are applying and any specific project planned.
 - How you believe this preceptorship will impact your future or current practice in dermatologic surgery.

Submit to:

Email: jwisniewski@asds.net

Fax: 847-956-0999, Attn: Janine Wisniewski

Phone Inquiries: 847-956-9120